



Kansas Department of Health and Environment
Bureau of Air and Waste Management
Forbes Field, Topeka, Kansas 66620

Hazardous Waste Generator/Transporter Compliance Inspection Report

General

Facility Name Teledyne Sabreliner Independence Time 9:18 Date 9/28/94
EPA ID No. KSD981712854
Street #1 Freedom Drive City Independence, KS Zip 67301
Mailing Address (if different than above) _____
County Montgomery Phone (316) 331-8180
Contact(s) Jim Johnson, Quality Engineer; Bruce Green; John Orozco, Manager Operations
Inspector(s) Danell Gooch
Type of Business Repair and assemble aircraft engines.
Has the company declared any information/processes as trade secrets (KSA 65-3447)? Yes ☒ No ☐
If yes, explain. _____

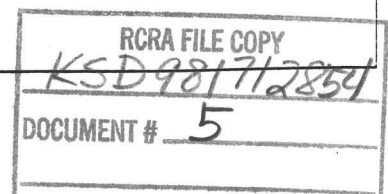
Industrial Wastes Generated

(List hazardous wastes first)

Waste:	TT-R-248A	Perchloroethylene
If waste is hazardous, give HW ID Number:	D007, F002, D002	U210, D039
Amount generated per month:	10 gallons/month	10 gallons/week
Amount presently in storage:	0	1 drum
Accumulation time:	NA	5 days
Present disposal method:	Rineco	Rineco



R00076517
RCRA Records Center



Waste:	Isopropyl alcohol	Waste naphtha
If waste is hazardous, give HW ID Number:	D001	D001
Amount generated per month:	30 gallons/week	15-20 gallons/week
Amount presently in storage:	2 drums	0
Accumulation time:	5 days	NA
Present disposal method:	Rineco	Rineco

Waste:	Magnusol 755	Turco 2583
If waste is hazardous, give HW ID Number:	D002, F002, F004	D002, F002, F004
Amount generated per month:	4 gallons/week	5 gallons/week
Amount presently in storage:	0	0
Accumulation time:	NA	NA
Present disposal method:	Rineco	Rineco

Waste:	Turco 4181	Penetrant/oakite wash
If waste is hazardous, give HW ID Number:	D002	Nonhazardous
Amount generated per month:	5 gallons/week	500 gallons/week
Amount presently in storage:	1 drum	Unknown
Accumulation time:	5 days	NA
Present disposal method:	Rineco	POTW

Waste:	hydraulic oil/WD40	contaminated sump water
If waste is hazardous, give HW ID Number:	Nonhazardous	Non RCRA
Amount generated per month:	20 gallons/month	one time disposal
Amount presently in storage:	½ satellite drum	0
Accumulation time:	NA	NA
Present disposal method:	Rineco	Rineco

Waste:	PD680 solvent	1,1,1 Trichloroethane (discontinued in May)
If waste is hazardous, give HW ID Number:	D001	F001
Amount generated per month:	5 gallons/week	10 gallons/week
Amount presently in storage:	0	0
Accumulation time:	NA	NA
Present disposal method:	Rineco	Rineco

Waste:		
If waste is hazardous, give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal method:		

Waste:		
If waste is hazardous, give HW ID Number:		
Amount generated per month:		
Amount presently in storage:		
Accumulation time:		
Present disposal method:		

General Requirements (GGR)

- I. Has the facility evaluated all potentially hazardous waste(s) to determine if it is hazardous? (KAR 28-31-4(b)) (Yes) No
- A. If waste(s) was tested, was the analysis conducted by a laboratory certified by KDHE? (KAR 28-31-4(b)(3)(A)) (Yes) No NA
Rineco
- B. If waste(s) was tested, are the results kept for three years? (KAR 28-31-4(f)(1)(C))? (Yes) No NA
- II. If hazardous waste(s) is disposed of via the sanitary sewer to a Publicly Owned Treatment Works (POTW), has written permission been obtained from the operator of the POTW? (KAR 28-31-3/40 CFR 261.4) (Yes) No NA
- III. If industrial waste(s) is disposed of at a permitted sanitary landfill, has a disposal authorization been obtained? (KAR 28-29-23) (Yes) No NA
1 barrel gravel, 6/19/90
- A. If yes, list the authorization number(s): (Yes) No NA
5330
- IV. Facility size classification:
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Not a Generator | <input type="checkbox"/> Small Qty. Generator | <input type="checkbox"/> Kansas Generator | <input checked="" type="checkbox"/> EPA Generator |
| <input type="checkbox"/> T/S/D Facility | <input type="checkbox"/> Transporter | <input type="checkbox"/> HW Burner/Marketer | <input type="checkbox"/> Used oil Burner/Marketer |

Hazardous Waste Determination Requirements: ☒ Adequate ☐ Inadequate

Notification Requirements (GGR)

- V. Has generator notified KDHE and obtained an EPA Identification Number? (KAR 28-31-4(c)) (Yes) No NA
- VI. Is current notification accurate? (KAR 28-31-4(c)(1)) Yes (No) NA
- A. Is this facility marketing (selling) hazardous waste as a fuel? Yes (No) NA
- B. Is this facility marketing (selling) used oil as a fuel? Yes (No) NA
- (If yes, to either question A or B, complete Used Oil Fuel Marketers/Blenders Checklist.)
- C. Is this facility burning hazardous waste as a fuel? Yes (No) NA
- D. Is this facility burning used oil as a fuel? Yes (No) NA

Notification Requirements: ☐ Adequate ☒ Inadequate ☐ NA

(If small quantity generator, stop here.)

Manifests (GMR)

VII. Is a contractual agreement used in place of manifesting? (KAR 28-31-4(d)(7)(A-C)/40 CFR 262.20(e)(1-2))	Yes	<input checked="" type="radio"/> No	
A. If yes, does the contractual agreement include the type of waste and frequency of shipments?	Yes	No	<input checked="" type="radio"/> NA
B. If yes, is the vehicle used to transport the waste owned and operated by the reclaimer of the waste?	Yes	No	<input checked="" type="radio"/> NA
C. If yes, is a copy of the agreement kept for a period of three years after termination of agreement?	Yes	No	<input checked="" type="radio"/> NA
VIII. Is a current manifest showing revision date and burden disclosure statement used? (KAR 28-31-4(d)/40 CFR 262.20)	<input checked="" type="radio"/> Yes	No	NA
A. If yes, does manifest(s) include:			
1. Generator EPA Identification Number (12 digit) and manifest document number (five digit)?	<input checked="" type="radio"/> Yes	No	NA
2. Number of pages?	<input checked="" type="radio"/> Yes	No	
3. Generator's name and mailing address?	<input checked="" type="radio"/> Yes	No	
4. Generator's phone number?	<input checked="" type="radio"/> Yes	No	
5. Transporter 1 Name?	<input checked="" type="radio"/> Yes	No	
6. Transporter 1 EPA Identification Number?	<input checked="" type="radio"/> Yes	No	
7. Transporter 2 Name?	Yes	No	<input checked="" type="radio"/> NA
8. Transporter 2 EPA Identification Number?	Yes	No	<input checked="" type="radio"/> NA
9. Name and site address of designated facility?	<input checked="" type="radio"/> Yes	No	
10. Designated facility's EPA Identification Number?	<input checked="" type="radio"/> Yes	No	
11. Waste Description (DOT shipping name, hazard class, and Identification Number)?	<input checked="" type="radio"/> Yes	No	
12. Number and type of containers?	<input checked="" type="radio"/> Yes	No	
13. Total quantity?	<input checked="" type="radio"/> Yes	No	
14. Unit (weight or volume)?	<input checked="" type="radio"/> Yes	No	
15. Special handling instructions?	<input checked="" type="radio"/> Yes	No	NA
16. Generator's certification including waste minimization statement, generator's signature, and date?	<input checked="" type="radio"/> Yes	No	
17. Name, signature, and date of transporter 1?	<input checked="" type="radio"/> Yes	No	
18. Name, signature, and date of transporter 2?	Yes	No	<input checked="" type="radio"/> NA
B. Does generator retain a copy of manifest(s) signed by both generator and transporter? (KAR 28-31-4(d)(4)(A-C))	<input checked="" type="radio"/> Yes	No	
C. Does generator retain copy of manifest(s) signed and dated by T/S/D/ facility owner/operator for three years? (KAR 28-31-4(f)(1)(A)) 00016	Yes	<input checked="" type="radio"/> No	
D. Has generator ever failed to receive a signed copy of a manifest within 45 days of initiating a shipment?	<input checked="" type="radio"/> Yes	No	
1. If yes, was exception report(s) filed? (KAR 28-31-4(f)(4)(B))	Yes	<input checked="" type="radio"/> No	NA
2. If yes, was copy retained for three years? (KAR 28-31-4(f)(1)(A))	Yes	No	<input checked="" type="radio"/> NA

Manifesting Requirements:

☐ Adequate

☒ Inadequate

☐ NA

Land Disposal Restrictions Requirements (GLB)

- IX. Does facility generate any wastes subject to the land disposal restrictions requirements of 40 CFR 268, Subparts B and C?

☒ Yes ☐ No

List these wastes:

- A. D007 Paint remover D. PD680 solvent
Waste naphtha
E. D001 Isopropyl alcohol
Turco 2583
B. U210 Perchloroethylene E. D002 Magnusol 755, Turco 4181
Turco 2583
C. F004 Turco 2583 F. F002 Magnusol 755
Magnusol 755

- X. Is the waste(s) covered by a National Variance(s), Extension, or Petition? (40 CFR 268 5&6)

Yes ☒ No

- A. If yes, describe the variance, extension, or petition which applies:

- XI. Is the waste covered by an exemption? (40 CFR 268.1(c)(2))

Yes ☒ No

- A. If yes, does the generator provide a notice with the waste to the T/S/D facility stating that the waste is exempt from the land disposal restrictions? (40 CFR 268.7(a)(3))

Yes ☐ No ☒ NA

- XII. Does generator ship waste(s) covered by the Land Disposal Restrictions off-site for treatment or disposal?

☒ Yes ☐ No

- A. If yes, does the generator provide a notification to the T/S/D facility that includes: EPA hazardous waste number(s), applicable treatment standards, manifest number(s), and waste analysis data, if available? (40 CFR 268.7) 00013, 00014, 00017, 00015,

Yes ☒ No

- B. If yes, is a copy of this notification kept for five years? 00026, 00024

☒ Yes ☐ No

- XIII. Does generator treat restricted waste(s) on-site so that they are below the land disposal restrictions standards? (If yes, fill out land disposal restrictions checklist.)

Yes ☒ No

Land Disposal Restrictions Requirements:

☐ Adequate

☒ Inadequate

☐ NA

Pre-Transport Requirements (GPT)

- XIV. Does generator package waste in accordance with DOT requirements? (KAR 28-31-4(e)(1))

☒ Yes ☐ No ☐ NA

- XV. Does generator label (flammable liquid, poison, etc.) each package in accordance with DOT requirements of 49 CFR 172.101 or 172.102? (KAR 28-31-4(e)(2))

☒ Yes ☐ No ☐ NA

- XVI. Does generator mark (consignee's or consignor's name and address, etc.) on each package in accordance with DOT requirements of 40 CFR 172 Subpart D? (KAR 28-31-4(e)(3))

☒ Yes ☐ No ☐ NA

- A. Does generator mark each container of 110 gallons or less as below? (KAR 28-31-4(e)(3))

☒ Yes ☐ No ☐ NA

Hazardous Waste — Federal Law Prohibits Improper Disposal.
If found, contact the nearest police or public safety authority or the US EPA.

Generator's Name and Address

Manifest Document Number

- XVII. Does generator have placards to offer to transporters in accordance with 49 CFR 172 Subpart F? (KAR 28-31-4(e)(4))

☒ Yes ☐ No ☐ NA

XVIII. Does generator only use a transporter who is properly registered with the department? (KAR 28-31-4(c)(2))

Yes No NA

Pre-Transport Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Biennial Reports (GRR)

XIX. Has generator submitted a biennial report(s) to KDHE? (KAR 28-31-4(f)(2))

Yes No NA

A. If yes, does generator retain copies for three years? (KAR 28-31-4(f)(1)(B))

Yes No NA

(Note: compare quantities reported on last biennial report with the total quantity of all manifests for those years.)

Biennial Report Requirements:

☒ Adequate

☐ Inadequate

Special Conditions (GSC)

XX. Has generator received or transported any hazardous waste to or from a foreign source? (40 CFR Subpart E & F)

Yes No

A. If yes, has generator filed a notice with the Secretary of Health and Environment?

Yes No NA

B. Is waste manifested and signed by a foreign consignee?

Yes No NA

C. If generator transports waste out of the country, has confirmation of delivered shipment been received?

Yes No NA

Special Conditions Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Storage Requirements (GPT)

XXI. Does generator temporarily store waste before transport?

Yes No

A. For 90 days or less?

Yes No NA

B. For more than 90 days?

Yes No NA

C. If waste is stored in containers:

1. Are containers marked with the words: "Hazardous Waste"? (KAR 28-31-4(g)(3) or (h)(1)(D))

Yes No NA

2. Is the accumulation start date marked on each container? (KAR 28-31-4(g)(2) or (h)(1)(C))

Yes No NA

3. Are all containers holding hazardous waste closed during storage except when necessary to add or remove waste? (KAR 28-31-4(g)(1) or (h)(1)(B))

Yes No NA

4. Does generator conduct weekly inspections of containers for signs of leakage and/or deterioration caused by corrosion or other factors? (KAR 28-31-4(k))

Yes No NA

a. If yes, are these inspections documented in a log that includes date and time of inspection, full name of inspector, notations of observations, and date and nature of remedial actions? (KAR 28-31-4(k)/40 CFR 265.15(d))

Yes No NA

5. Are containers holding ignitable or reactive waste(s) located at least 50 meters (50 feet) from the facility's property line? (EPA Generator and T/S/D Only) (KAR 28-31-4(g)(1) / 40 CFR 265.176) Yes No NA
6. If waste in containers is incompatible with other materials stored nearby, are the containers separated from the other materials by means of a dike, berm, wall, or other means? (KAR 28-31-4(g)(1) or (h)(1)(B) / 40 CFR 265.177) Yes No NA
7. Does generator have any satellite storage areas? (KAR 28-31-4(j)) Yes No NA

If yes,

- a. Is the waste stored in a container at or near the point of generation and under the control of the operator of the process generating the waste? Yes No
- b. Is the container in good condition and closed except to add or remove waste? Yes No
- c. Is the container marked with the words: "Hazardous Waste"? Yes No
- d. Is the container marked with the accumulation start date at the time it becomes full? Yes No
- e. Is the full container moved to the storage area within three days after it became full? Yes No

(If waste(s) is placed in tanks, piles, or surface impoundments, complete the appropriate inspection checklist.)

Storage Requirements:

☐ Adequate

☒ Inadequate

☐ NA

Kansas Generator's Emergency Preparedness (GSQ) GPT

XXII. Has facility named one employee as emergency coordinator? (KAR 28-31-4(h)(1)(E))

Yes No

- A. Is the emergency coordinator available to respond to an emergency by reaching the facility within a short period of time? Yes No
- B. Is the emergency coordinator or his/her designee prepared to respond to any emergencies (fires, spills, or releases) that arise? Yes No
- C. Is the emergency coordinator familiar with the reporting requirements of KAR 28-31-4(h)(2)? Yes No

XXIII. Is the following information posted next to at least one telephone which is immediately assessable in an emergency? (KAR 28-31-4(h)(1)(F))

- A. Name and telephone of emergency coordinator? Yes No
- B. Location of fire extinguishers, fire alarms, or spill control material, if available? Yes No
- C. Telephone number of fire department unless the facility has a direct alarm? Yes No NA

XXIV. Have employees been trained so that they are familiar with proper waste handling and emergency procedures that are relevant to their responsibilities during normal facility operations? (KAR 28-31-4(h)(1)(G))

Yes No
Yes No

- A. Is this training documented in any way?

Kansas Generator's Emergency Preparedness Requirements :

☐ Adequate

☐ Inadequate

☒ NA

(If Kansas generator, stop here.)

Preparedness and Prevention (GPT)

XXV. If appropriate, based upon the nature and quantity of waste(s) generated and stored at the facility, is the facility equipped with:

- | | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| A. Internal communication or alarm system easily accessible in case of emergency? (KAR 28-31-4(g)(4)/40 CFR 265.32(a)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| B. Telephone or hand-held two-way radio capable of summoning emergency response personnel? (KAR 28-31-4(g)(4)/40 CFR 265.32(b)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| C. Portable fire extinguisher, fire control equipment, spill control equipment, and decontamination equipment? (KAR 28-31-4(g)(4)/40 CFR 265.32(c)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| D. Is water of adequate volume provided for hose streams, foam producing equipment, sprinklers, etc.? (KAR 28-31-4(g)(4)/40 CFR 265.32(d)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| E. Is this equipment (A-C above) tested and maintained to ensure its proper operation? (KAR 28-31-4(g)(4)/40 CFR 265.33) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |

XXVI. Does a check of the facility show sufficient aisle space to allow unobstructed movement of personnel and equipment? (KAR 28-31-4(g)(4)/40 CFR 265.35)

☒ Yes ☐ No ☐ NA

XXVII. If appropriate for the type(s) of waste handled, has the owner/operator made the following arrangements:

- | | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| A. Familiarized the local emergency authorities with the facility, waste(s) handled, entrances and exits? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(1)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| B. Designated one authority where one or more police or fire departments might respond to an emergency? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(2)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| C. Made agreements with local emergency response teams, emergency response contractors, and equipment suppliers? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(3)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |
| D. Familiarized local hospitals with the properties of hazardous waste(s) handled and types of injuries which could result from fires, explosions, or releases at the facility? (KAR 28-31-4(g)(4)/40 CFR 265.37(a)(4)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> NA |

XXVIII. In cases where local authorities decline to enter into such arrangements, is the refusal entered in the operating record? (KAR 28-31-4(g)(4)/40 CFR 265.37(b))

Yes ☒ No ☐ NA

Preparedness and Prevention Requirements:

☒ Adequate

☐ Inadequate

☐ NA

Personnel Training (GPT)

XXIX. Has the owner/operator established a hazardous waste management training program? (KAR 28-31-4(g)(4)/40 CFR 265.16)

☒ Yes ☐ No

- | | | |
|---|--------------------------------------|-------------------------------------|
| A. Is the program directed by a person trained in hazardous waste management? (40 CFR 265.16(a)(2)) | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| B. Are new personnel trained within six months after their employment? (40 CFR 265.16(b)) | Yes | <input checked="" type="radio"/> No |
| C. Are new employees supervised until training is completed? (40 CFR 265.16(b)) | Yes | <input checked="" type="radio"/> No |
| D. After initial training, are employees trained on an annual basis? (40 CFR 265.16(c)) | Yes | <input checked="" type="radio"/> No |
| E. Does the facility maintain the following documents and records: | | |
| 1. Job title and job description for each position related to hazardous waste management? (40 CFR 265.16(d)(1)&(2)) | Yes | <input checked="" type="radio"/> No |
| 2. Description of type and amount of training to be given each person? (40 CFR 265.16(d)(3)) | Yes | <input checked="" type="radio"/> No |
| 3. Records of training given to facility personnel? (40 CFR 265.16(d)(4)) | Yes | <input checked="" type="radio"/> No |

Personnel Training Requirements:

☐ Adequate

☒ Inadequate

Contingency Plan (GPT)

XXX. Does the facility have a contingency plan? (KAR 28-31-4(g)(4)/40 CFR 265 Subpart D)

☒ Yes No

If yes, Needs to be updated

A. Does the plan list the name(s), home address, and phone number of designated emergency coordinator(s) in the order in which they should be contacted? (40 CFR 265.52(d))

☒ Yes No

B. Is an emergency coordinator available at all times? (40 CFR 265.55)

☒ Yes No

C. Does the plan describe emergency actions facility personnel must take to respond to fires, explosions, or releases of hazardous waste? (40 CFR 265.52(a))

☒ Yes No

D. Does the plan describe arrangements made with emergency response agencies? (40 CFR 265.52(c))

☒ Yes No

E. Does the plan include a list of all emergency equipment at the facility, its location, a physical description of each item on the list, and a brief outline of its capabilities? (40 CFR 265.52(e))

☒ Yes No

F. Does the plan include an evacuation plan for facility personnel that describes signals and evacuation routes? (40 CFR 265.52(f))

☒ Yes No

G. Have copies of the plan been provided to outside emergency response agencies and hospitals? (40 CFR 265.53)

☒ Yes No

Contingency Plan Requirements:

☐ Adequate

☒ Inadequate

(If EPA generator, stop here.)

(Photo #4)

Hazardous material and waste storage

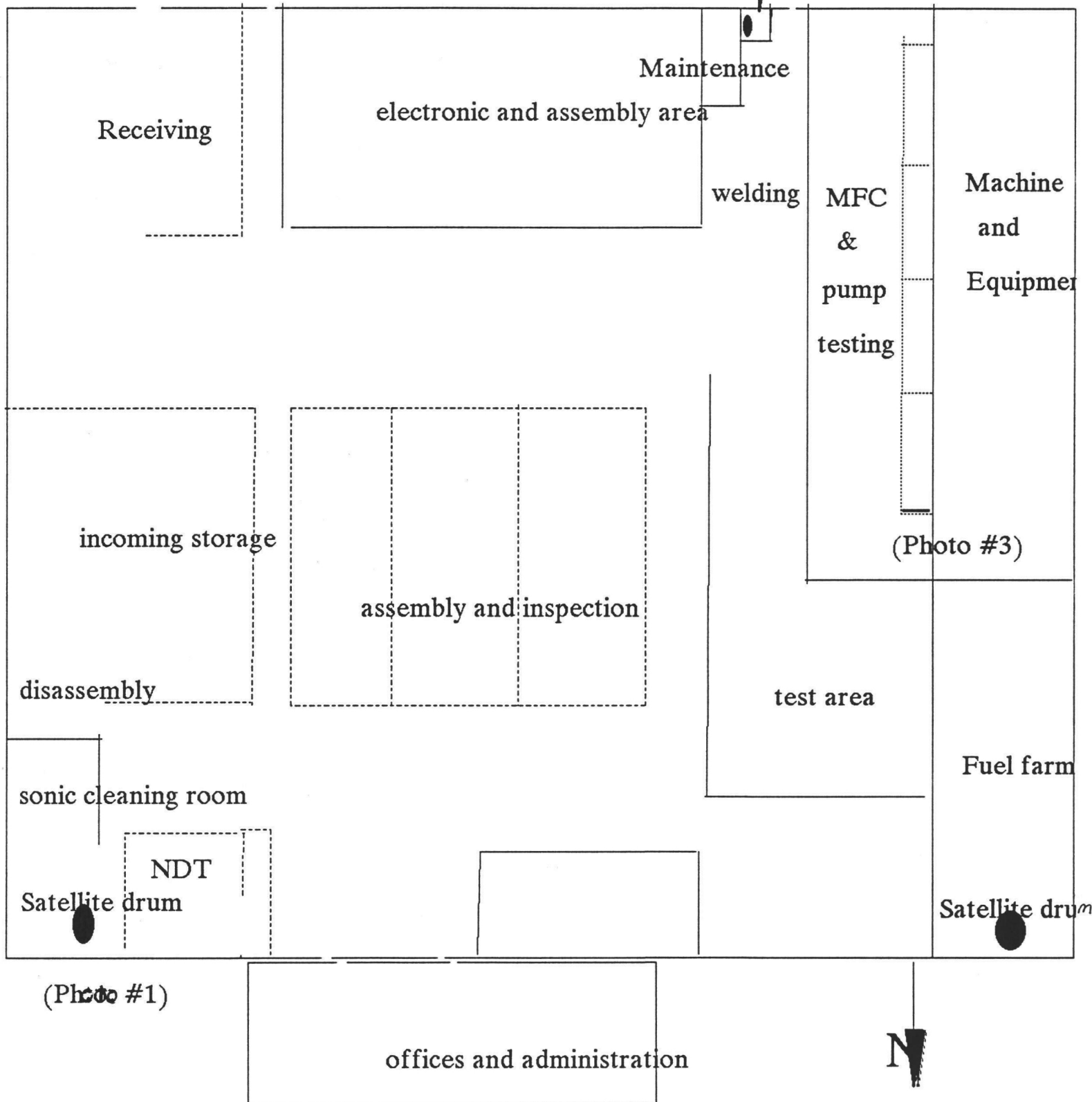
Wire Fence

Records

(Photo #2)

Satellite drum

Paint Booth



Sabreliner Independence

KSD981712854

Summary

I arrived at the facility at 9:18 A.M. on September 28, 1994. I drove around the back and noticed a metal storage building and a fenced in area containing drums and a blue tarp covering something. I asked for Lloyd Meeks at the front desk, since he is listed as the contact person on the most recent notification form. I was informed that Jim Johnson is the person I need to speak to. The inspection began at 9:20 A.M. I explained to Mr. Johnson the purpose for my inspection and how the inspection was to be conducted.

We began by discussing the wastes produced at the facility. Rineco, their TSD, has done a complete analysis on all their wastes. Following is the list of wastes produced at this facility in 1994:

Product Name: TT-R-248A
Process: paint remover
Amount: 10 gallons/month
Waste Code: D002, D007, F002
Shipping name: Hazardous waste liquid (Methylene Chloride)
Disposal: Rineco

Product name: Perchloroethylene
Process: degreaser
Amount: 10 gallons/week
Waste Code: U210, D039
Shipping name: Tetrachloroethylene
Disposal: Rineco

Product name: Isopropyl Alcohol
Process: cleans oil off outside of parts
Amount: 30 gallons/week
Waste Code: D001
Shipping name: Waste Isopropanol Mixture
Disposal: Rineco

Product name: Naphtha
Process: calibration fluid, blended to make jet fuel
Amount: 20 gallons/week
Waste Code: D001
Shipping name: Waste Naphtha
Disposal: Rineco

Product name: Magnusol 755
Process: paint and coating remover
Amount: 4 gallons/week
Waste Code: D002, F002, F004
Shipping name: Waste Corrosive Liquids (Cresylic Acid)
Disposal: Rineco

Product name: Turco 2583
Process: flush heat exchangers
Amount: 5 gallons/week
Waste Code: D002, F002, F004
Shipping name: Waste Corrosive Liquids (Cresylic Acid, o-Dichlorobenzene)
Disposal: Rineco

Product name: Turco 4181
Process: parts cleaner
Amount: 5 gallons/week
Waste Code: D002
Shipping name: Waste Corrosive Liquids (Phosphoric Acid, Sodium Hydroxide)
Disposal: Rineco

Product name: PD 680 Solvent
Process: use in spray booth
Amount: 5 gallons/week
Waste Code: D001
Shipping name: Waste Petroleum Distillate
Add and ship with Waste Naphtha/Calibration fluid
Disposal: Rineco

Product name: Penetrant/Oakite Wash
Process: rinse water
Amount: 500 gallons/month
Waste Code: nonhazardous
Shipping name: Penetrant/Oakite Wash
Disposal: POTW

Product name: Hydraulic oil/WD 40
Process: lubricate parts
Amount: 20 gallons/month
Waste Code: nonhazardous
Shipping name: shipped as hazardous waste
Disposal: Rineco

Product name: Sump water contaminated with waste
Process: tornado hit storage building
Amount: two 55-gallon drums/one time disposal
Waste Code: non-RCRA
Shipping name: Sump Water
Disposal: Rineco

Product name: 1,1,1 Trichloroethane
Process: discontinued in May, Perchloroethylene replaced it
Amount: 10 gallons/week
Waste Code: F001
Shipping name: Waste 1,1,1 Trichloroethane
Disposal: Rineco

Facility Tour

This facility repairs and rebuilds aircraft engine parts. At least fifty percent of their work comes from government contracts.

Engine parts are brought into Receiving, logged and shelved. Then the engine parts are taken apart, cleaned, and checked for cracks. The engine parts are then rebuilt and sent through several different processes to check for leaks, pressure testing, and stress testing.

The cleaning process includes manual cleaning with Q-Tips and rags. The rags and lab coats are cleaned by Joplin Industrial. In the sonic cleaning room there are eight sonic basins, each containing a different chemical. The parts are placed in a basin and given a sonic cleaning. Once a week the basins are drained placing the waste chemicals in a satellite drum. The satellite drum is brought into the room the day of the cleaning and then taken to the hazardous waste storage area where they are stored. There is one satellite drum in the sonic cleaning room containing jet engine fuel and preservation fluid. It has a red hazardous waste label on it dated 5/13/94 (date representing the day the first drop of waste was placed in the drum). This drum was seventy-five percent full and was not closed (photo #1).

Parts are checked for cracks in the NDI area. The NDI area contains dyes and rinse water. The rinse water is tested for BOD and pH and then sent to the POTW.

The paint booth contains a small spray gun and a satellite drum containing paint remover. This drum had a red hazardous waste label on it dated 8/10/94 (this date represents the day the first drop of waste was placed in the drum). This drum was not closed, but was closed while I was there (photo #2).

One room is dedicated to testing the engine parts with calibration fluid, hydraulic oil, and Naphtha. The run-off of fluid is recycled back into the testing system through a closed loop system. The only waste from these systems is when a tube breaks and spills the fluid. The fluid is collected in a container below the testing machines (photo #3). When this container becomes full it is drained into a drum.

In the fuel farm there is a seventy-five percent full satellite drum containing waste Naphtha. It has a red hazardous waste sticker dated 8/31/94 (this date represents the day the first drop of waste was placed in the drum).

The **Hazardous Material and Waste Storage Area** used to be a storage building containing two diked areas surrounded by a locked fence. On July 2, 1994, a tornado touched down near this building. The building was ripped apart and blown over half a mile away. Only one drum was damaged. This drum lost about ten gallons. The waste chemical, Turco 4181, was contained in one of the diked areas along with rain water from the storm. The next day they pumped the contaminated water out of the diked area and drummed it. The contaminated water was sent to Rineco on 8/29/94. Presently, there is a blue tarp covering the full drums of waste and product chemicals (photo #4).

The fence is still standing. Empty drums are lined up along the inside of the fence. At the time of this inspection there were four hazardous waste storage drums and four satellite drums in this storage area. Following is a list of the drums:

<u>Drums in storage</u>	<u>Date</u>	<u>Waste code</u>
Waste Isopropyl alcohol	9/23/94	D001
Waste Tetrachloroethylene	9/23/94	U210, D039
Waste Isopropyl alcohol	9/23/94	D001
Waste Corrosive liquid (Phosphoric acid/Sodium Hydroxide)	9/23/94	D002

<u>Satellite drums</u>	<u>Date</u>	<u>Waste code</u>
Perchloroethylene	9/16/94	U210, D039
Naphtha	6/9/94	D001
PD 680	6/10/94	D001
WD 40	1/8/94	Nonhazardous

Generator Check List

General Requirements

All of their wastes have been analyzed by Rineco. Waste profiles are kept with each manifest.

They send their rinse water to POTW. They have a permission letter from the POTW.

On June 19, 1990, one barrel of gravel was sent to a sanitary landfill under disposal authorization number 5330.

They are an EPA generator.

Notification Requirements

Their current notification is not accurate for their waste codes and the contact person.

Manifests

Rineco completes the waste manifests and yellow hazardous waste labels for them and sends Sabreliner all the paperwork and DOT labels needed for shipment of their wastes.

There was one manifest, #00016, without a signature from the TSD. Sabreliner has had three audits in the past year. It is possible that manifest #00016 with the TSD signature could have been misplaced (attachment #1).

An exception report was not filed for manifest #00016.

Land Disposal Restrictions Requirements

The following is a list of wastes that are subject to land disposal restriction:

D007	Paint remover	U210	Perchloroethylene
F004	Turco 2583		
F004	Magnusol 755	D001	PD 680 solvent
		D001	Waste Naphtha
		D001	Isopropyl Alcohol
D002	Turco 2583		
D002	Magnusol 755		
D002	Turco 4181	F002	Turco 2583
		F002	Magnusol 755

Sabreliner does not claim any exemptions, national variances, extensions, or petitions of their hazardous waste.

Manifests number 00013, 00014, 00015, 00017, 00024, and 00026 did not have LDR forms with the manifests in the file (attachment #2).

They do not treat their waste before shipment.

Pre-Transport Requirements

The waste is labeled with a red hazardous waste label until the drum is full and then a yellow hazardous waste label printed by Rineco is placed on the drum and the accumulation start date is placed on the drum. They use the state manifest document number as the manifest number on the yellow hazardous waste label.

Biennial Reports

They do have biennial reports on file for greater than five years.

Special Conditions

They do not receive or ship waste to or from a foreign source.

Storage Requirements

They temporarily store waste for approximately seventy-five days. Averaging around four shipments per year.

They have been conducting inspections of the hazardous waste storage area, but the inspections were not conducted weekly. They were conducted about twice per month (attachment #3).

The time and full name of inspector is not included on the hazardous waste storage area inspection reports (attachment #3).

I found two satellite drums open in the production area during my inspection. One drum was closed while I was there.

The container below the closed loop test system was not labeled with the words hazardous waste.

Preparedness and Prevention

Sabreliner has a contract with Ken Fouts Security in Bartlesville to monitor their heat sensor, water pressure on the sprinkler system, and the security alarm. They also have a separate manual alarm used during the day that is not monitored by Ken Fouts Security. The alarm is triggered by a switch. In the main production area there aren't any phones or radios. If there is an emergency, someone flips the switch that triggers the manual alarm. The other phones do not have emergency numbers or fire extinguishers posted next to them.

They have made arrangements with local authorities. Hospital, fire department, police, and sheriff have been to the facility and received a copy of the contingency plan.

Personnel Training

Jim Johnson and Dennis Pautler went to a Hazardous Materials Train the Trainer course in St. Louis conducted by Energy Resource Management. Jim Johnson is currently developing a hazardous material training program for all employees. This training is to begin in October. New employees hired since June 1994, have been given the training as a practice for Mr. Johnson and Mr. Pautler, so they can see what needs improvement. They give new employees initial training on the first day of their employment. One month later a refresher training is given.

After the hazardous material training is given to all employees in October 1994, a refresher course will be given annually.

They do not have job descriptions for the employees or description of type and amount of hazardous waste training needed.

Sabreliner conducts drills for spills, fires, tornadoes, and etc. several times per year. They are surprise drills for Sabreliner employees and sometimes the local hospital. The fire department, police, and sheriff are included in these drills. This is documented with letters to Ken Fouts Security and the fire department, explaining what the drill will entail and when it will take place.

Contingency Plan

This plan is correct in its content, but it needs to be updated, regarding the owner of the company, floor plan, and emergency coordinators.

Violations

1. Notification needs to be updated
2. Manifest #00016 does not have TSD signature
3. Exception report was not filed for manifest #00016
4. No land ban forms for manifest #00013, 00014, 00015, 00017, 00024, and 00026
5. Inspections of hazardous waste storage area are not conducted weekly
6. Full name of inspector and time of inspection is not documented on weekly inspection reports
7. Two satellite drums were not closed--one was closed while I was there
8. Name and telephone number of emergency coordinator, fire department phone number, and fire extinguisher, alarm, spill control equipment not posted next to a phone
9. Training has not been conducted for employees
10. Job title and description, type and amount of training is not documented
11. No records of hazardous waste training
12. Contingency plan needs to be updated
13. Container below the closed loop testing systems needs to be marked hazardous waste

CURRENT HAZARDOUS WASTE PROFILES
WITH RINECO INC.

17 JUNE 94

1. ISOPROPANOL ALCOHOL (IPA 99%)
PROFILE: 9406-4765
PROPER SHIPPING NAME: WASTE ISOPROPANOL MIXTURE D001
STICKERS: FLAMMABLE
HAZARDOUS WASTE UN 2553
WASTE IS SUBJECT TO LAND DISPOSAL RESTRICTION
2. CALIBRATION FLUID (MIL-C-7024C TYPE II)
PROFILE: 9305-5092
PROPER SHIPPING NAME: WASTE NAPHTHA D001
STICKERS: FLAMMABLE
HAZARDOUS WASTE UN 2553
WASTE IS SUBJECT TO LAND DISPOSAL RESTRICTION
3. TURCO 2538
PROFILE: 9403-2232
PROPER SHIPPING NAME: WASTE CORROSIVE LIQUIDS, NOS D002, F002
(CRESYLIC ACID, O-DICHLOROBENENE) F004
STICKERS: CORROSIVE
HAZARDOUS WASTE UN 1760
DOT HAZ CLASS #9 (BLACK W/STRIPES)
WASTE IS SUBJECT TO LAND DISPOSAL RESTRICTION
4. TURCO 4181
PROFILE 9403-2230
PROPER SHIPPING NAME: WASTE CORROSIVE LIQUIDS, NOS D002
(PHOSPHORIC ACID, SODIUM HYDROXIDE)
STICKERS: CORROSIVE
HAZARDOUS WASTE UN 1760
DOT HAZ CLASS #8
WASTE IS SUBJECT TO LAND DISPOSAL RESTRICTION

5. MAGNUSOL 755
PROFILE: 9403-2229
PROPER SHIPPING NAME: WASTE CORROSIVE LIQUIDS, NOS
(CRESYLIC ACID) D002, F002 & F004
STICKERS: CORROSIVE
HAZARDOUS WASTE UN 1760
DOT CLASS #9 (BLACK STICKER/W STRIPES)
WASTE IS SUBJECT TO LAND DISPOSAL RESTRICTION
6. PD 680 SOLVENT
PROFILE: 9305-4943
PROPER SHIPPING NAME: WASTE PETROLEUM DISTILLATE
STICKERS: ADD AND SHIP WITH WASTE NAPHTHA/CALIBRATION FLUID.
7. TT-R-248A PAINT REMOVER
PROFILE: 9403-2231
PROPER SHIPPING NAME: HAZARDOUS WASTE LIQUID, NOS D002
(METHLENE CHLORIDE) F002 & D007
STICKERS: CORROSIVE
HAZARDOUS WASTE NA 3082
DOT CLASS #9 (BLACK STICKER W/STRIPES)
WASTER IS SUBJECT TO LAND DISPOSAL RESTRICTION
8. PERKLONE D (PERCHLOROETHYLENE) (TETRACHLOROETHYLENE CAS 127-
NEW PROFILE IN WORKS 6/16/94 18-4)
9. TRICHLOROETHANE 1,1,1
PROFILE 9403-2228
PROPER SHIPPING NAME: WASTE 1,1,1-TRICHLOROETHANE SOLUTION
F001
STICKERS: TRICH 1,1,1
HAZARDOUS WASTE UN 2831
DOT CLASS 6.1
WASTE US SUBJECT TO LAND DISPOSAL RESTRICTION
10. PENETRANT WASH & OAKITE WASH (NON-HAZARDOUS WASTE)
TO INDEPENDENCE POTW VIA COMPANY TRUCK.
DELIVERY TUE THROUGH THUR. MAX 500 GAL/WEEK

D3/MEMO
PROFILE.WST
94/06/18

ATTACHMENT #1

HAZARDOUS WASTE

1. Generator's US EPA ID No.

K S D 9 8 1 7 1 2 8 5 4 0 0 0 1 3

Manifest Document

2. Page 1

1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

TELEDYNE INDEPENDENCE P.O. BOX 940
INDEPENDENCE, KS 67301

4. Generator's Phone ()

(316)-331-8180

5. Transporter 1 Company Name

U.S. POLLUTION CONTROL

6. US EPA ID Number

0 2 2 9 8 1 5 1 4 4 7 4

7. Transporter 2 Company Name

8. US EPA ID Number

0 2 2 9 8 1 5 1 4 4 7 4

9. Designated Facility Name and Site Address

HYDROCARBON RECYCLERS INC
2549 NORTH NEW YORK ST.
WICHITA, KS 67219

10. US EPA ID Number

K S D 0 0 0 7 2 4 6 8 4 6

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID 88888

D. Transporter's Phone (405)-324-5011

E. State Transporter's ID 705-7228

F. Transporter's Phone 305-7228

G. State Facility's ID

H. Facility's Phone

(316)-268-9490

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total

Quantity

14. Unit

Wt/Vol

1. Waste No.

a. RQ WASTE FLAMMABLE LIQUID N.O.S.
UN 1933 RQ=100 LBS (D001)

0 0 5 D M 0 0 2 7 5 G D001

b. RQ WASTE CORROSIVE LIQUID N.O.S.
UN 1760 (D002) CORROSIVE MATERIAL

0 0 3 D M 0 0 1 1 6 6 D002

c.

d.

J. Additional Descriptions for Materials Listed Above

a. 2844 WI 89-4041

b. 0633 WI 89-0425

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

USE CAUTION

DIKE AND CONTAIN ANY SPILLS

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

J.L. JOHNSON

Signature

Month Day Year

1 2 1 6 9 1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

DEAN WILHITE

Signature

Month Day Year

1 1 2 1 6 9 1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

1 1 2 1 6 9 1

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

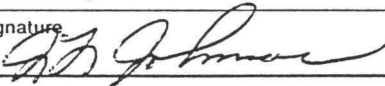
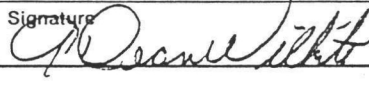
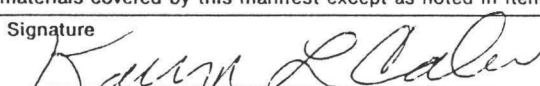
Signature

Month Day Year

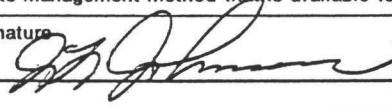
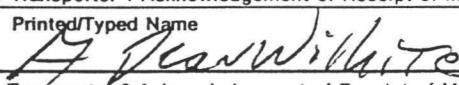
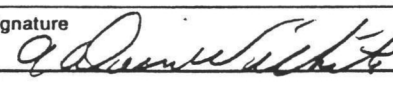
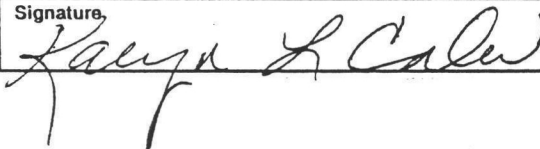
1 1 2 1 6 9 1

AGENCY DISPLAY OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 15 minutes for generators, 15 minutes for transporters, 15 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K IS ID 9 8 1 5 1 2 8 5 4 1 0 0 0 1 4	Manifest Document No. 14	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address TELEDYNE INDEPENDENCE ONE FREEDOM DRIVE 316-331-8180 INDEPENDENCE, KS. 67301			A. State Manifest Document Number				
4. Generator's Phone ()			B. State Generator's ID				
5. Transporter 1 Company Name U S POLLUTION CONTROL		6. US EPA ID Number 10 K ID 9 8 1 5 1 4 4 7 14		C. State Transporter's ID 2004			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 405-324-5011			
9. Designated Facility Name and Site Address HYDROCARBON RECYCLERS INC 2549 NEW YORK ST. WICHITA, KS. 67219		10. US EPA ID Number K IS ID 10 10 17 12 14 16 8 14 16		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility's ID			
				H. Facility's Phone 316-267-5742			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. WASTE FLAMMABLE LIQUID N.O.S. WASTE ALCOHOL N.O.S. FLAMMABLE LIQUID UN 1987 4N1923 RQ=141bs (D01) KC			0 10 16	D M	0 10 13 13 10	G	D001
b. WASTE CORROSIVE LIQUID N.O.S. CORROSIVE MATERIAL UN 1760 (D02) KC			0 10 13	D M	0 10 11 16 15	G	D002
c. HAZARDOUS WASTE LIQ. N.O.S. UN 1989 HAZARDOUS WASTE LIQ. N.O.S. UN 1989 HAZARDOUS WASTE LIQ. N.O.S.			0 10 12	D M	0 10 11 16 15	G	D002 SC NONE
d. WASTE PETROLEUM DISTILLATES COMB. LIQUID UN 1268 HAZARDOUS WASTE LIQUID N.O.S. UN 1268 HAZARDOUS WASTE LIQUID N.O.S.			0 10 11	D M	0 10 10 15 15	G	W/A SC D001
J. Additional Descriptions for Materials Listed Above a. 2844 c. 0255 4875 KC b. 0633 d. 4874			K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information USE CAUTION DIKE AND CONTAIN ANY SPILLS							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name J.L. JOHNSON			Signature 			Month Day Year 10/5/10/6/19/1	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name A Deau Wilhite			Signature 			Month Day Year 10/5/10/6/19/1	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name			Signature			Month Day Year	
19. Discrepancy Indication Space i.a. corrected proper shipping name i.b. added (0255) on initial proper shipping name i.c. corrected proper shipping name i.d. corrected proper shipping name 5/6/91 KC							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Karyn L. Coker			Signature 			Month Day Year 05/09/91	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K S D 9 8 1 7 1 2 8 5 4 0 0 0 1 7		Manifest Document No. 1 0 0 0 1 7		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.			
		3. Generator's Name and Mailing Address TELEDYNE INDEPENDENCE P.O. BOX 946 INDEPENDENCE, KS. 67301 4. Generator's Phone (316) -331-8180						A. State Manifest Document Number		B. State Generator's ID	
5. Transporter 1 Company Name U.S. POLLUTION CONTROL INC		6. US EPA ID Number T X D 9 8 8 0 5 2 4 9 4		C. State Transporter's ID 88888 4/944		D. Transporter's Phone 405-305-7228		E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone					
9. Designated Facility Name and Site Address HYDROCARBON RECYCLERS INC 2549 NORTH NEW YORK ST. WICHITA, KS. 67219		10. US EPA ID Number K S D 0 0 7 2 4 6 8 4 6									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. <input checked="" type="checkbox"/> RQ WASTE FLAMMABLE LIQUID N.O.S. UN 1933 RQ=100 LBS. (D001)		0 0 4 D M		0 0 2 2 0		G		D001			
b. <input checked="" type="checkbox"/> RQ WASTE CORROSIVE LIQUID N.O.S. UN 1760 (D000) CORROSIVE MATERIAL		0 0 2 D M		0 0 1 6 0		G		D002			
c. WASTE PETROLEUM DISTILLATES UN 1268 (D001) <i>Flammable liquid</i> <i>cc</i>		0 1 0 D M		0 0 5 5 0		G		D001			
d. WASTE PETROLEUM DISTILLATES UN 1268 (D001) <i>Flammable liquid</i> <i>cc</i>		0 0 2 D M		0 0 1 1 0		G		D001			
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above									
a. 2844 WI 89-4041		d. 4874 WI 90-1858									
b. 0633 WI 89-0425		e. 2843 WI 89-4042									
15. Special Handling Instructions and Additional Information USE CAUTION DIKE AND CONTAIN ANY SPILLS.											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name J.L. JOHNSON				Signature <i>J.L. Johnson</i>				Month Day Year 0 3 2 0 9 2			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name <i>H. Dean White</i>				Signature <i>H. Dean White</i>				Month Day Year 0 3 2 0 9 2			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space <i>11c. added hazard class 3-27-92 cc</i> <i>11d. added hazard class 3-27-92</i>											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name <i>Karyn L. Coker</i>				Signature <i>Karyn L. Coker</i>				Month Day Year 0 3 2 0 9 2			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address TELEDYNE INDEPENDENCE P.O. BOX 946 INDEPENDENCE, KS 67301		4. Generator's Phone (316) 331-8180		6. US EPA ID Number KISD1918111711121815141010101115		A. State Manifest Document Number		B. State Generator's ID	
5. Transporter 1 Company Name U.S. POLLUTION CONTROL		7. Transporter 2 Company Name		6. US EPA ID Number 10KID191811151114141714		C. State Transporter's ID		D. State Transporter's Phone (405) 324-5011	
9. Designated Facility Name and Site Address HYDROCARBON RECYCLERS INC 2549 NORTH NEW YORK ST. WICHITA, KS 67219		10. US EPA ID Number KISD101017121416181416		E. State Transporter's ID		F. State Transporter's Phone		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. RQ WASTE FLAMMABLE LIQUID N.O.S. UN 1993 RQ=100 lbs (D001)		01016		D1M		010131310		G D001	
b. RQ WASTE CORROSIVE LIQUID N.O.S. UN 1760 (D002) CORROSIVE MATERIAL		01016		D1M		010131310		G D002	
c.									
d.									
J. Additional Descriptions for Materials Listed Above a. 2844 b. 0633						K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information USE CAUTION DIKE AND CONTAIN ANY SPILLS									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name J.L. JOHNSON				Signature 		Month Day Year 10/9/10 16/9/11			
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name 				Signature 		Month Day Year 10/9/10 16/9/11			
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Karyn L Calver				Signature 		Month Day Year 10/9/10 16/9/11			

9/27/19
per [signature]

"Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data and completing and reviewing the form. Send comments regarding this burden to: Chief, Information Policy, EPA, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503."

(writer.)
expires 9-30-91

HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

K | S | D | 9 | 8 | 1 | 5 | 1 | 2 | 8 | 5 | 4 | 0 | 0 | 0 | 1 | 3

1 of 1

3. Generator's Name and Mailing Address
TELEDYNE-INDEPENDENCE
ONE FREEDOM DRIVE
INDEPENDENCE, KS. 67301

A. State Manifest Document Number

B. State Generator's ID

4. Generator's Phone (316) 331-8180

5. Transporter 1 Company Name
U S POLLUTION CONTROL

6. US EPA ID Number
0 | K | D | 9 | 8 | 1 | 5 | 1 | 4 | 4 | 7 | 4

C. State Transporter's ID 2004

D. Transporter's Phone 405-324-5011

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
HYDROCARBON RECYCLERS INC
2549 NEW YORK ST.
WICHITA, KS. 67219

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

316-267-5742

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No.

Type

13.
Total
Quantity14.
Unit
Wt/Vol15.
Waste No.

a. WASTE ALCOHOL N.O.S. FLAMMABLE LIQUID
UN 1987

0 | 0 | 4

D | M

0 | 0 | 2 | 2 | 0

G

D001

b. WASTE CORROSIVE LIQUID N.O.S. CORROSIVE MATERIAL
UN 1760

0 | 0 | 3

D | M

0 | 0 | 1 | 6 | 5

G

D002

c.

d.

J. Additional Descriptions for Materials Listed Above

a. 2844
b. 0633

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

USE CAUTION DIKE AND CONTAIN ANY SPILLS

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

J.L. JOHNSON

Signature

Month Day Year

0 | 1 | 2 | 3 | 9 | 1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KEVIN POLLOCK

Signature

Month Day Year

0 | 1 | 2 | 3 | 9 | 1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

| | | | |

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Karyn L. Calver

Signature

Month Day Year

0 | 1 | 2 | 4 | 9 | 1

Rec'd 2/2/91



STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 8913 Little Rock, Arkansas 72219-8913
Telephone 501-562-7444

JB#5462718

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. KSD981712854		Manifest Document No. 00024		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Sabreliner Independence #1 Freedom Drive Independence, KS 67301						A. State Manifest Document Number AR-669613 4-CC							
4. Generator's Phone (316-331-8180)						B. State Generator's ID							
5. Transporter 1 Company Name J.B. Hunt Special Commodities, Inc.						C. State Transporter's ID 1319 720							
6. US EPA ID Number ARD98190855						D. Transporter's Phone 800-643-3622							
7. Transporter 2 Company Name						E. State Transporter's ID 8539							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address Rineco 1007 Vulcan Rd.-Haskell Benton, AR 72015						G. State Facility's ID							
10. US EPA ID Number ARD981057870						H. Facility's Phone 501/778-9089							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Waste Isopropanol 3 UN1219 PGII						No. 2128884 Type DM		00338		G		D001	
b. Waste Petroleum Distillates, N.O.S. (Naphtha) 3 UN1268 PGIII						No. 2128884 Type DM		00338		G		D001	
c.													
d.													
J. Additional Descriptions for Materials Listed Above a. 9305-5091 (Isopropanol) ERG#26 b. 9305-4493 (PD 680 Solvent) ERG#27 Load#3839						K. Handling Codes for Wastes Listed Above EMERGENCY RESPONSE INFORMATION: Jim Johnson 316-331-8180							
if no alternate TSDF, return to generator													
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name J.L. JOHNSON						Signature <i>Jim Johnson</i>		Month 0		Day 1		Year 2794	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name J.B. HUNT						Signature <i>John P. Pruitt</i>		Month 0		Day 1		Year 2794	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature		Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name RAY L. REAGAN						Signature <i>Ray L. Reagan</i>		Month 01		Day 27		Year 94	



APR 25 1994

1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. KSD981712854000026		Manifest Document No. 00026		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Sabreliner Independence #1 Freedom Drive Independence, KS 67301		Attn: Jim Johnson		A. State Manifest Document Number AR-671409		4-CC			
4. Generator's Phone 316-331-8180		6. US EPA ID Number OKD98158879		C. State Transporter's ID 1063 377		D. Transporter's Phone 918-426-4751			
5. Transporter 1 Company Name Triad Transport, Inc.		8. US EPA ID Number		E. State Transporter's ID PC H		F. Transporter's Phone			
7. Transporter 2 Company Name		10. US EPA ID Number		G. State Facility's ID		H. Facility's Phone 501/778-9089			
9. Designated Facility Name and Site Address Rineco 1007 Vulcan Rd.-Haskell Benton, AR 72015		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. Waste Isopropanol 3 UN1219 PGII		0 0 3 DM		0 0 1 6 5		G		D001	
b. Waste Naphtha 3 UN2553 PGIII		0 0 4 DM		0 0 2 2 0		G		D001	
c. Waste 1,1,1 Trichloroethane Mixture 6.1 UN2831 PGIII		0 0 3 DM		0 0 1 6 5		G		F001	
d. Waste Corrosive Liquids, N.O.S. (Cresylic Acid, o-Dichlorobenzene) 8 UN1760 PGIII		DM				G		D002/F002	
J. Additional Descriptions for Materials Listed Above a. 9305-5091 (Isopropanol) ERG#26 b. 9305-5092 (Calibration Fluid) ERG#27 c. 9305-4944 (1,1,1 Trichloroethane) ERG#74 d. 9403-2232 (Turco 2538) ERG#60 Load#4246		K. Handling Codes for Wastes Listed Above EMERGENCY RESPONSE INFORMATION: Jim Johnson 316-331-8180							
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name J.L. JHONSON		Signature <i>JL Johnson</i>		Month Day Year 0 3 3 1 9 4					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name OTIS STRINGER		Signature <i>Otis Stringer</i>		Month Day Year 0 3 3 1 9 4					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year					
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name RAY C. REAGAN									
Signature <i>Ray C Reagan</i>		Month Day Year 0 4 0 1 9 4							

i

VERIFIED BY

TELEDYNE-INDEPENDENCE MONITORING LOG OF HAZARDOUS WASTE STORAGE AREA

[illegible]

~~TELETYPE~~ INDEPENDENCE MONITORING LOG OF HAZARDOUS WASTE STORAGE AREA

VERIFIED BY

Free Gift

21 Drums Skipped
3/31/94

~~TELETYPE~~-INDEPENDENCE MONITORING
LOG OF HAZARDOUS WASTE STORAGE AREA

9 drums shipped to
RITINCO 93/11/15

RH INCCO 93/11/15

ITEM-WEEKLY							CORRECTIVE MEASURE	
DATE	3/9/03	3/23/03	3/23/03	4/16	4/21	6/7	6/28	7/9
MATERIAL MOVED TO 90 DAY STORAGE WITHOUT PROPER LABEL	0	0	0	0	0	0	0	0
EVIDENCE OF SPILLS OR LEAKAGE	0	0	0	0	0	0	0	0
ALL CONTAINERS PROPERLY LABELED	yes	yes	yes	yes	yes	yes	yes	yes
NO. OF DRUMS IN 90 DAYS STORAGE	8	11	13	7	8	3	5	8
VERIFIED BY	N.M.	N.M.	N.M.	M.M.	N.M.	N.M.	N.M.	N.M.

1 Tueco

ITEM-WEEKLY

CORRECTIVE MEASURE

DATE _____

MATERIAL MOVED TO
90 DAY STORAGE WITHOUT
PROPER LABEL

EVIDENCE OF SPILLS
OR LEAKAGE

ALL CONTAINERS
PROPERLY LABELED

NO. OF DRUMS
IN 90 DAYS STORAGE

VERIFIED BY

CORRECTIVE MEASURE									
	Q3								
12/11	1/14/23	1/11	1/18	1/27	2/11	2/18	2/12	3/3	
ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	
ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	ϕ	
yes	yes	yes	yes	yes	yes	yes	yes	yes	
7	8	10	10	15	11	12	1	4	
W.M.	M.M.	DO.M	W.M.	M.M.	M.M.	M.M.	M.M.	M.M.	

1/11/93

2 Jure

4. Alehoi

1 May 1950

1. Cell Fluid

Paint Strip

11/27/93

3 Trees

1 Paint Strip

1 May 1950

1 Trick

To be shipped to
Noochko by 1/30/93

12 drums
shipped

93/2/12

Five

ITEM-WEEKLY										CORRECTIVE MEASURE	
DATE	9/21	9/29	10/5	10/19	10/26	11/2	11/9	11/16	12/2	12/11	
MATERIAL MOVED TO 90 DAY STORAGE WITHOUT PROPER LABEL	Yes	OK	OK	OK	OK	OK	OK	OK	OK	OK	
EVIDENCE OF SPILLS OR LEAKAGE	None	None	None	None	None	None	Yes	No	None	None	1 drum slightly leaking - Transferred to a good drum and disposed of old drum
ALL CONTAINERS PROPERLY LABELED	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Many mistakes
NO. OF DRUMS IN 90 DAYS STORAGE	14	18	19	7	9	11	12	12	5	6	10/16/02 Rain water drained 1970 500 gal. Tank - taking to proper disposal area - Treatment 10
VERIFIED BY	M.M.	M.W.	M.W.	M.W.	gdf	M.M.	M.W.	M.W.	M.W.	M.W.	

1 drum slightly leaking - Transferred to a good drum and disposed of old drum	Plant materials
10/16/02 Rain water drained 1970 500 gal. tone - to keep to proper disposal - water treatment	

ITEM-WEEKLY	CORRECTIVE MEASURE											
DATE												
MATERIAL MOVED TO 90 DAY STORAGE WITHOUT PROPER LABEL	7/15	7/20	7/27	8/3	8/10	8/17	8/24	8/30	7/1	7/14		
EVIDENCE OF SPILLS OR LEAKAGE	None	None	0	None	0	0	0	0	0	0		
ALL CONTAINERS PROPERLY LABELED	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes		
NO. OF DRUMS IN 90 DAYS STORAGE	24	0	0	5	6	9	9	10	12	12		
VERIFIED BY	M.M.	N.M.	M.M.	N.M.	M.M.	N.M.	M.M.	M.M.	M.M.	M.M.		

VERIFIED BY

ITEM-WEEKLY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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PAINT WAS TO
AWAIT TRAFFIC
APPROVAL

6-22-92
- Rump Profile
on Point Waste
BBL
Received 5-

ITEM-WEEKLY								CORRECTIVE MEASURE			
DATE	1/2/92	18/12/91	11/10/92	2/10/92	3/15/92	3/27/92	4/1/92	4/13/92	4/20/92	4/27/92	
MATERIAL MOVED TO 90 DAY STORAGE WITHOUT PROPER LABEL	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	
EVIDENCE OF SPILLS OR LEAKAGE	None	None	None	none	none	none	leakage	none	none	none	
ALL CONTAINERS PROPERLY LABELED	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	
NO. OF DRUMS IN 90 DAYS STORAGE	2	3	4	-	18	0	1	1	3 <small>2 OK 1 moved</small>	3	
VERIFIED BY	MM	MM	mm	-	gta	gaa yed	gab yed	gab gnd	gab		

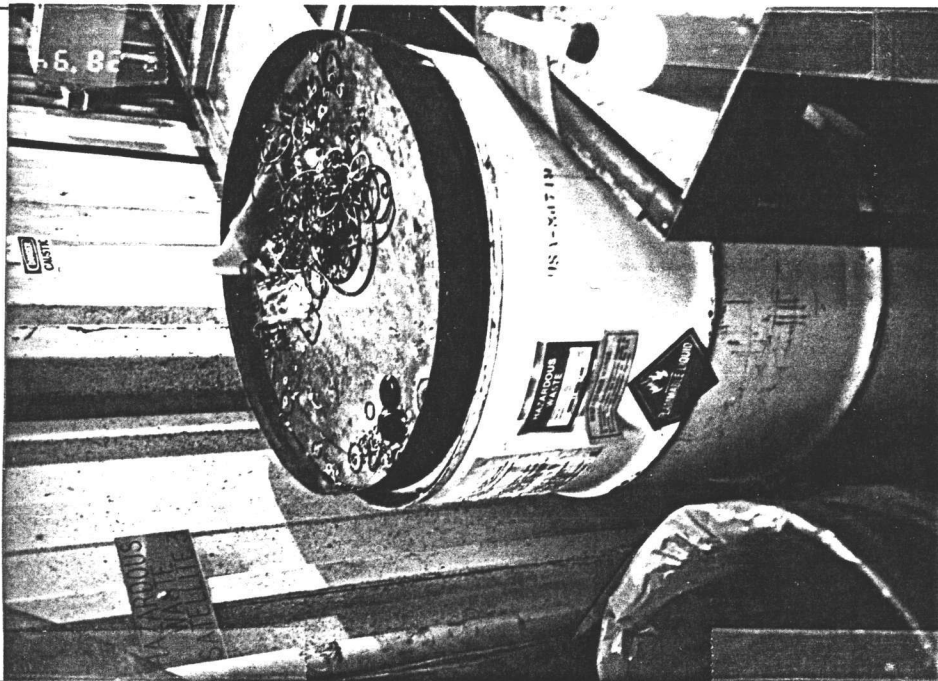
3/23/92 3 Paid "nonresid" wages
awaiting payroll from H&P

ITEM-WEEKLY								CORRECTIVE MEASURE
DATE	9/3/86	9/3/11	9/3/16	9/3/26	9/11/1	9/11/14		
MATERIAL MOVED TO 90 DAY STORAGE WITHOUT PROPER LABEL	OK	OK	OK OK	OK OK	OK OK	OK		
EVIDENCE OF SPILLS OR LEAKAGE	OK	OK OK	OK OK	OK OK	OK OK	OK		
ALL CONTAINERS PROPERLY LABELED	OK	OK OK	OK OK	OK OK	OK OK	OK		
NO. OF DRUMS IN 90 DAYS STORAGE	8	8	5	8	8	9		
VERIFIED BY	CC	CC	CC CC	CC CC	CC CC	CC		

VERIFIED BY

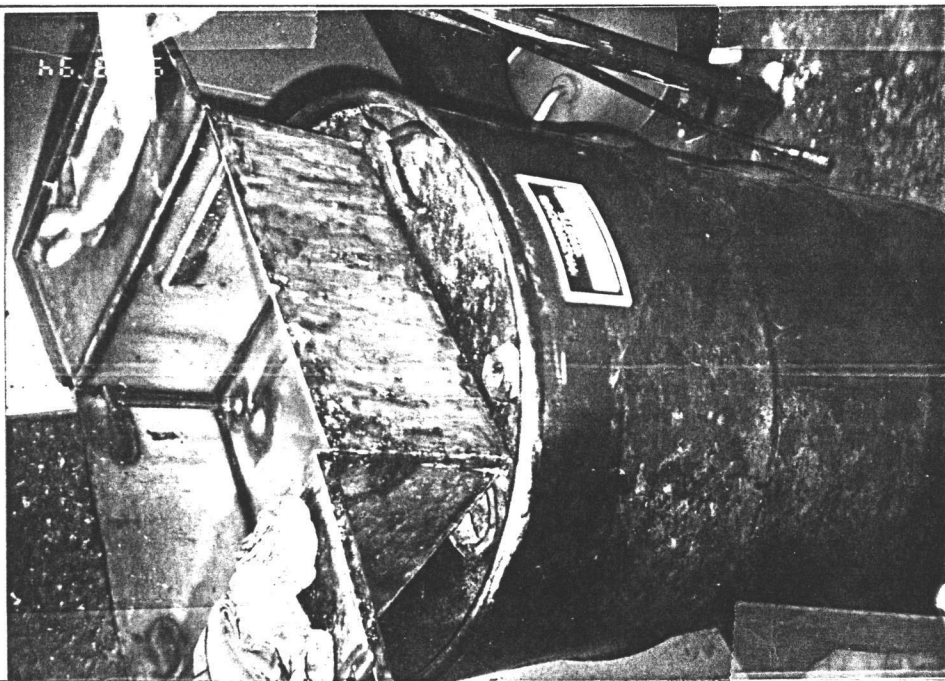
PHOTO MOUNTING SHEET

Name of Site: Sabreliner EPA ID #/Permit #: KSD981712854
Location: City Independence County Montgomery
Legal: #1 Freedom Drive Taken by: Danell Gooch



Picture No. 1
Date: 9-28-94
Time: 10:55 A.M.
General Direction Faced: _____

Weather Conditions: Inside
Type of Camera: Minolta 35mm
Comments: Drum not closed. Pan on
top of drum acts as a funnel.
Liquid drains into drum through
opening (lower left of drum).

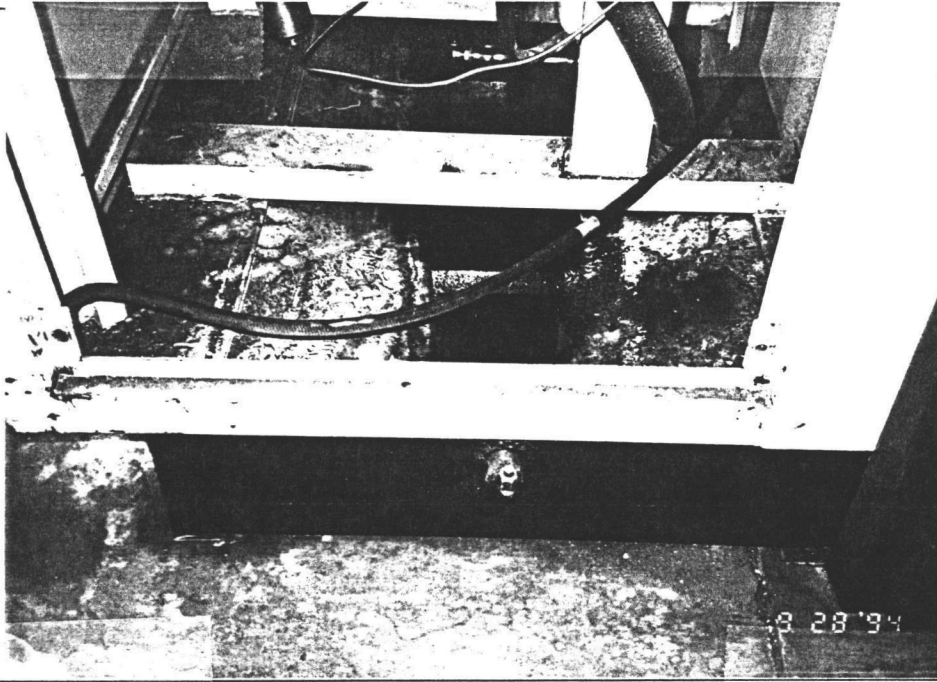


Picture No. 2
Date: 9-28-94
Time: 11:15 A.M.
General Direction Faced: _____

Weather Conditions: Inside
Type of Camera: Minolta 35mm
Comments: Drum was not closed, but
closed when I was there. Pan acts
as a funnel.

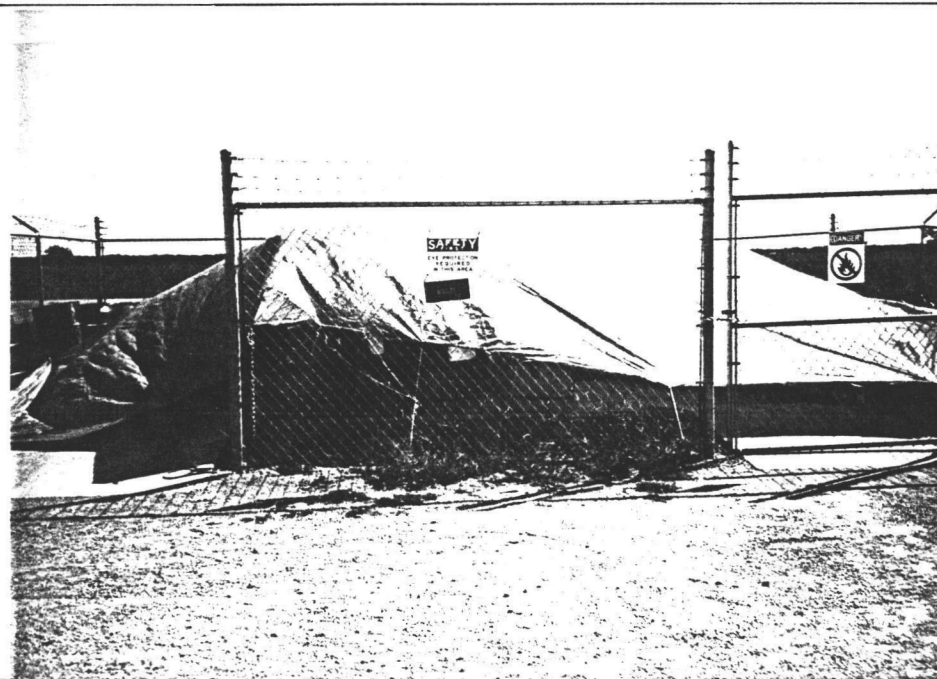
PHOTO MOUNTING SHEET

Name of Site: Sabreliner EPA ID #/Permit #: KSD981712854
Location: City Independence County Montgomery
Legal: #1 Freedom Drive Taken by: Danell Gooch



Picture No. 3
Date: 9-28-94
Time: 11:25 A.M.
General Direction Faced: _____

Weather Conditions: Inside
Type of Camera: Minolta 35mm
Comments: Hazardous waste fluid collects in container/pan. This container was not labelled with the words hazardous waste. Hazardous waste fluid is removed through faucet.



Picture No. 4
Date: 9-28-94
Time: 11:45 A.M.
General Direction Faced: _____

Weather Conditions: Inside
Type of Camera: Minolta 35mm
Comments: Hazardous waste storage area. There used to be a building here, but a tornado took it away. The hazardous materials drums are now covered with a blue tarp. There are 2 secondary containments in the hazardous waste storage area.



RECEIVED

Hazardous Waste Compliance
Monitoring and Enforcement LogFORM
A

v10/31/94

HANDLER

ID Number: KSD981712854 LDF () TSF () GEN ☒ HWM () HWB () UOM () UOB () SQ () TRA () NOT A GEN ()Handler Name: Sabre liner Independence AT N/A CL 10-20-94
FT 10/18/94 RCRIS 10-24-94Street: #1 Freedom Dr City: Independence County: MontgomeryEVALUATION New ☒ Followup: Date (on site) ☐ ☐ ☐ Date (of letter) ☐ ☐ ☐ ☐ Delete ☐Date 94 09 28 Agency S Type CEI Reason 00 Person DMG District SE

Areas of Evaluation (EV - Evaluted, NE - Not Evaluted, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other	
GER <u>EV</u>	GPT <u>EV</u>	TGR <input type="checkbox"/>		DCH <input type="checkbox"/>	DGW <input type="checkbox"/>	DMC <input type="checkbox"/>	DPP <input type="checkbox"/>	BRR <input type="checkbox"/>	
GGR <u>EV</u>	GRR <u>EV</u>	TMR <input type="checkbox"/>		DCL <input type="checkbox"/>	DIN <input type="checkbox"/>	DMR <input type="checkbox"/>	DSI <input type="checkbox"/>	CAS <input type="checkbox"/>	
GLB <u>EV</u>	GSC <u>EV</u>	TOR <input type="checkbox"/>		DCP <input type="checkbox"/>	DLB <input type="checkbox"/>	DOR <input type="checkbox"/>	DTR <input type="checkbox"/>	CSS <input type="checkbox"/>	
GMR <u>EV</u>	GSG <u>EV</u>	TRR <input type="checkbox"/>		DFR <input type="checkbox"/>	DLF <input type="checkbox"/>	DOT <input type="checkbox"/>	DTT <input type="checkbox"/>	FEA <input type="checkbox"/>	
GOR <u>EV</u>		TWD <input type="checkbox"/>		DGS <input type="checkbox"/>	DLT <input type="checkbox"/>	DPB <input type="checkbox"/>	DWP <input type="checkbox"/>	ILD <input type="checkbox"/>	

Used Oil UOM ☐ UOB ☐ UTM ☐ SUM ☐ SUB ☐

COMMENTS

VIOLATION # 1 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 4 Area GGR Class 2 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (C)(1)

Description: notification Returned to Compliance needs to be updated

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 2 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 5 Area GMR Class 1 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (F)(1)(A)

Description: manifest #00016 Returned to Compliance does not have TSD

Signature Signature Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 3 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 6 Area GMR Class 1 Priority ☐ Type SR

Regulation Citation: KAR 28-31-4 (F)(4)(B)

Description: exception report Returned to Compliance not filed for

manifest #00016 Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 4 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S Number 7 Area GLB Class 1 Priority ☐ Type FR

Regulation Citation: 40 CFR 286.7

Description: no LB forms for Returned to Compliance manifest # 00013, 00014, 00015,

00017, 00024, 00026 Scheduled: 10 28 94 Actual: ☐ ☐ ☐

Facility Name:

Sabre liner Independence

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM C

ID Number: KSD981712854

Handler Name: Sabre Liner Independence

VIOLATION # 5 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 8 GPT 2 SR

Regulation Citation: KAR 28-31-4(K)

Description: inspections of hazardous waste area are not conducted weekly Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 6 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 9 GPT 2 SR

Regulation Citation: KAR 28-31-4(K)

Description: Full name of inspector and time not documented on weekly inspections Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 2 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 10 GPT 1 SR

Regulation Citation: KAR 28-31-4(G)

Description: 2 satellite drums not closed - 1 closed when I was there Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 8 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 11 GPT 2 SR

Regulation Citation: KAR 28-31-4(g)(4)

Description: emergency coord. name, telephone #, fire dept phone #, map of fire equipment not next to a phone Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 9 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 12 GPT 1 SR

Regulation Citation: KAR 28-31-4(g)(4)

Description: training has not been conducted on employees Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 10 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 13 GPT 2 FR

Regulation Citation: 40 CFR 265.16(d)(13)

Description: Job title, description, type + amount of training not documented Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

VIOLATION # 11 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 14 GPT 2 FR

Regulation Citation: 40 CFR 265.16(d)(4)

Description: no records of hazardous waste training Returned to Compliance

Scheduled: ☐ ☐ ☐ Actual: ☐ ☐ ☐

VIOLATION # 12 Date Determined 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency Number Area Class Priority Type
S 15 GPT 2 SR

Regulation Citation: KAR 28-31-4(g)(4)

Description: Contingency plan needs to be updated Returned to Compliance

Scheduled: 10 28 94 Actual: ☐ ☐ ☐

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

ID Number: KSD981712854

Handler Name: Sabreliner Independence

VIOLATION # 13 **Date Determined** 09 28 94

New ☒ Change ☐ Delete ☐ Comments ☐

Agency S **Number** 16 **Area** GPT **Class** 2 **Priority** **Type** SR

Regulation Citation: KAR 28-31-4(J)

Description: Container below testing (closed loop system) needs to be marked HW

Returned to Compliance

Scheduled: 10 28 94

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S **Number** **Area** **Class** **Priority** **Type**

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S **Number** **Area** **Class** **Priority** **Type**

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S **Number** **Area** **Class** **Priority** **Type**

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S **Number** **Area** **Class** **Priority** **Type**

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

Actual:

VIOLATION # **Date Determined**

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S **Number** **Area** **Class** **Priority** **Type**

Regulation Citation:

Description:

Returned to Compliance

Scheduled:

Actual:

ENFORCEMENT

New ☒ Change ☐ Delete ☐

Date 94 09 28 Number Agency S Type 120 District SE Person DMG

COVERED VIOLATIONS

Agency	Violation Number	Area
S	<u>1</u>	<u>GGR</u>
S	<u>2</u>	<u>GmR</u>
S	<u>3</u>	<u>GmR</u>
S	<u>4</u>	<u>GLB</u>

Agency	Violation Number	Area
S	<u>5</u>	<u>GPT</u>
S	<u>6</u>	<u>GPT</u>
S	<u>7</u>	<u>GPT</u>
S	<u>8</u>	<u>GPT</u>

Agency	Violation Number	Area
S	<u>9</u>	<u>GPT</u>
S	<u>10</u>	<u>GPT</u>
S	<u>11</u>	<u>GPT</u>
S	<u>12</u>	<u>GPT</u>

Comments:

Hazardous Waste Compliance Monitoring and Enforcement Log

FORM
B

ID Number: KSD981712854

Handler Name: Sabreliner Independence

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S			
---	--	--	--

Number

--	--	--	--

Area

--	--	--	--

Class

--

Priority

--

Type

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Regulation Citation: _____

Description: _____ **Returned to Compliance**

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☐ Comments ☐

Agency

S			
---	--	--	--

Number

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Area

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Class

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Priority

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Type

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Regulation Citation: _____

Description: _____ **Returned to Compliance**

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☒ Comments ☐

Agency

S			
---	--	--	--

Number

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Area

--	--	--	--

Class

--

Priority

--

Type

--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance**

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☒ Comments ☐

Agency

S			
---	--	--	--

Number

--	--	--	--

Area

--	--	--	--

Class

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Priority

--

Type

--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance**

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☒ Comments ☐

Agency

S			
---	--	--	--

Number

--	--	--	--

Area

--	--	--	--

Class

--

Priority

--

Type

--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance**

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

VIOLATION # _____ **Date Determined**

M	M	D	D	Y	Y
---	---	---	---	---	---

New ☐ Change ☐ Delete ☒ Comments ☐

Agency

S			
---	--	--	--

Number

--	--	--	--

Area

--	--	--	--

Class

--

Priority

--

Type

--	--

Regulation Citation: _____

Description: _____ **Returned to Compliance**

Scheduled:

M	M	D	D	Y	Y
---	---	---	---	---	---

Actual:

--	--	--	--	--	--

ENFORCEMENT

New ☒ Change ☐ Delete ☐

Date

Y	Y	M	M	D	D
---	---	---	---	---	---

94 09 28 Number

--	--	--	--

 Agency

S

 Type

1	2	0
---	---	---

 District

S	E
---	---

 Person

D	M	S
---	---	---

COVERED VIOLATIONS

Agency	Violation Number	Area
S	<div><div></div><div></div><div></div><div></div><div>13</div></div>	GPT
S	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>
S	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>
S	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>

Agency	Violation Number	Area
S		
S		
S		
S		

Agency	Violation Number	Area
S		
S		
S		
S		

Comments: _____



NOTICE OF COMPLIANCE/NON-COMPLIANCE

Page 1 of 2

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Division of Environment Waste Management Program

Hazardous Waste: Complaint() LDF() TSF() GEN() KG() SQ() TRA() UOM() UOB() NOT A GEN()
Solid Waste: Complaint() SLF() TRF() ILF() CDL() HHW() OBS() UOS() WTT() WTP() WTM() YWC() MED()

TO: Sabre liner Independence 9/28/94
Facility Name Date
#1 Freedom Dr Independence KS 67301
Address City State Zip Code

KS0981712854

EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ Violations As Follows

Citation

1. KAR 28-31-4 (c)(1)
2. KAR 28-31-4 (f)(IXA)
3. KAR 28-31-4 (f)(X)(B)
4. 40 CFR 268.7
5. KAR 28-31-4 (K)
6. KAR 28-31-4 (K)
7. KAR 28-31-4 (J)

☐ No Violations Identified

Description of Violation

notification needs to be updated
manifest #00016 + 00015 pm's + SD signature
exception report not filed for 00016 + 00015 pm's
no hand Ban forms for manifest # 00013, 00014, 00015
00017, 00024 + 00026
Inspections of Hazardous waste are not
conducted weekly
full name of inspector at time not documented
on weekly inspections
2 satellite drums not closed

☐ Other Comments/Concerns:

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 30 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

Your response must be submitted to:
Danell Gooch
Kansas Department of Health and Environment
Bureau of District Operation
Waste Management Programs
1500 West 7th Street
Chanute, Kansas 66720

If you have any questions concerning this Notice or wish to discuss your response, you may call me at (316) 431-2390 or Bureau of Waste Management in the Topeka Office at (913) 296-1604.

This Notice was prepared by

Danell Gooch
Date 9/28/94

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J.L. Johnson
Signature: [Signature]
Title: Quality Control Engineer
Date: 09/28/94



NOTICE OF COMPLIANCE/NON-COMPLIANCE

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Division of Environment
Waste Management Program

Hazardous Waste: Complaint() LDF() TSF() GEN(X) KG() SQ() TRA() UOM() UOB() NOT A GEN()
Solid Waste: Complaint() SLF() TRF() ILF() CDL() HHW() OBS() UOS() WTT() WTP() WTM() YWC() MED()

TO: Sabreliner Independence 9/28/94
Facility Name Date
#1 Freedom Dr Independence KS 67301
Address City State Zip Code

KSD981712854
EPA Identification No.

Solid Waste Permit No.

This inspection was conducted to determine compliance with the state and federal solid and hazardous waste statutes and regulations.

☒ **Violations As Follows**

☐ **No Violations Identified**

- Citation (9)(4) DMG
- 8. KAR 28-31-4(G)(1)(F)
 - 9. KAR 28-31-4(G)(4)
 - 10. 40CFR 265.16(d)(1-3)
 - 11. 40CFR 265.16(d)(4)
 - 12. KAR 28-31-4(G)(4)
 - 13. KAR 28-31-4(J)

Description of Violation

name + telephone # of emergency coordinator, fire dept
phone #, + fire extinguisher alarm, spill control
not posted next to a phone
Training has not been conducted on employees
It title + description, type + amount of training
DMG and records not documented
no record of hazardous waste training
contingency plan needs to be updated
containment below testing systems (closed loop system)
needs to be marked hazardous waste.

☐ **Other Comments/Concerns:**

This notice is provided to call immediate attention to those areas of non-compliance. This notice does not constitute a compliance order issued by KDHE and may not be a complete listing of all violations which may be identified as a result of this inspection. Your facility must submit in writing within 30 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken. Any corrective actions taken by your facility will be considered in subsequent enforcement follow-up.

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This Notice was prepared by
Danell Gooch
Date 9/28/94

I, the undersigned hereby acknowledge that I have received and read this Notice.

Printed Name: J. L. Johnson
Signature: [Signature]
Title: Quality Assurance Engineer
Date: 09/28/94